

REMARKS

Applicants respectfully request reconsideration of the present application in view of the reasons that follow. A detailed listing of all claims that are, or were, in the application, irrespective of whether the claims remain under examination in the application, is presented, with an appropriate defined status identifier.

No claims have been amended, added, or cancelled. Accordingly, claims 71-88 remain pending in the present application.

Drawing Objections

Applicants have amended in the Drawings to overcome the objections raised by the Examiner. Reconsideration and withdrawal of the objections to the drawings is respectfully requested.

Claim Rejections – 35 USC §103

In Section 9 of the Office Action, the Examiner rejected claims 71-88 under 35 USC §103(a) as being unpatentable over U.S. Patent No. 6,988,075 to Hacker (hereinafter “Hacker”) in view of U.S. Patent Publication No. 2002/0065682 to Goldenberg (hereinafter “Goldenberg”). Applicants respectfully traverse the rejection.

Claims 71 and 77 recite an electronic medical record created and maintained by a healthcare provider that is configured to receive patient sourced medical data. The electronic medical record includes a portion created by the patient, allowing the patient to

provide patient sourced medical data such as a daily log, physiology measurements, questions for their physician, etc. Patient sourced medical data does not include appointment scheduling information. (See Application, paragraph [0025]) This portion may be accessed in either an anonymous mode or a registered mode. The electronic medical record includes a second portion created and maintained by the healthcare providers that includes data of the clinical medical record including patient medical records, test results, patient charts, etc. Because of the more sensitive nature of this type of information the record is configured to only allow access to this information if the user is properly registered, i.e., if they have been authenticated.

Neither Hacker nor Goldenberg teaches or suggests an electronic medical record created by a healthcare provider and having a patient-sourced medical data portion and a medical record portion where access to the patient medical record portion requires that the user be registered. Hacker, in the section cited by the Examiner, teaches that patient can access their medical data via a standard Web browser and that access can be controlled, but does not teach or suggest that the medical data includes a patient sourced medical data portion. (Hacker, col. 8, lines 46-55) Goldenberg does not cure this deficiency.

Applicants respectfully disagree with the Examiner's assertion that Goldenberg teaches an anonymous mode in which the patient is provided with access to the patient-sourced medical data. Goldenberg does not appear to have any teaching of stored patient sourced medical data as opposed to clinical medical data, let alone providing such in the anonymous mode. Submitting symptoms does not teach or suggest controlled access to

patient sourced data. Goldenberg, in the sections cited by the Examiner, teaches a health information system allowing a user to submit queries and receive information based on their level of authorization. The authorization described in Goldenberg is limited to discussing guest memberships or level of access to a health information database, or a telemedicine function, not to accessing stored patient data.

Accordingly, Hacker and Goldenberg, even combined, fail to teach or suggest all of the limitations of claim 71 and 77. Claims 72 through 76 depend from claim 71 and include all of the limitations thereof. Claim 78-82 to depend from claim 77 and include all the limitations thereof. Accordingly, these claims are allowable for at least the same reasons as the independent claims from which they depend. Reconsideration and allowance of claims 71-82 is respectfully requested.

Claims 83-88

Claims 83-88 were recently added. Claim 83 recites a computer-implemented “Web portal accepting patient-sourced medical data from the patient in an anonymous mode in which the patient is provided with access to the patient-sourced medical data but not provided with permission to make appointments and request services of the healthcare providers when the patient is not fully identified.” Neither Hacker nor Goldenberg describes a web portal accepting patient sourced medical data but denying access to appointment scheduling and service requests.

Claim 83 further recites that the web portal includes “an option to convert to a registered mode wherein the patient-sourced data is incorporated into the clinical medical

record when the patient has registered and thus is fully identified and wherein the patient is permitted to make appointments and request services of the healthcare providers.”

This limitation is not found in claims 71 and/or 77. However, the Examiner merely states that claim 77-88 repeat the subject matter of claims 71-76. Applicants assert that the conversion option limitation is not found in claims 71 and/or 77 and needs to be addressed by the Examiner. Neither Hacker nor Goldenberg teaches or suggests such a conversion option. Consideration of claim 83 is respectfully requested.

Claims 84-88 depend from claim 83 and include all of the limitations thereof.

These claims are believed to be allowable for at least the same reasons as claim 83. Entry and consideration of new claims 84-88 is respectfully requested.

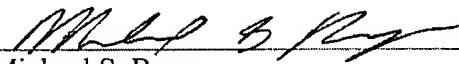
Conclusion

Applicants believe that the present application is in a condition for allowance.

Applicants appreciate consideration of the above remarks and invites that the Examiner to telephone the undersigned in the event a telephone discussion would be helpful in advancing the prosecution of the present application. The Director is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. 50-1170.

Respectfully submitted,

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